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ABSTRACT

The paper provides a review of trends in the provision of psychological services to the mentally retarded and discusses social and professional influences which have resulted in the role expansion of psychologists. The psychologist was largely a tester until the 1960s when the role concept expanded to include involvement in issues such as labeling, classification, and nondiscriminatory assessments and duties such as consultation and program evaluation. Legislation, e.g., Public Law 94-142 (the Education for All Handicapped Children Act), has mandated some of the changes. The social movement toward deinstitutionalization has required the psychologist to develop and implement community skills training programs, to provide services to parents, to provide recommendations to case managers regarding vocational and residential placement, and to evaluate ongoing programs. Among skills needed to fulfill the new roles are ability in staff selection and interviewing, inservice training, grant writing, and carrying out advocacy and protection procedures. (PHR)

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The Psychologist as Consultant in Establishing a Community-Based Service Delivery System

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There has been a great deal of discussion as to what constitutes the best role model for psychologists working in the field of mental retardation, with no general agreement as to what is the best model. Perhaps the major reason for this disagreement is the diversity of educational and training backgrounds which psychologists working in the field bring with them. In this presentation I would like to briefly review the early and current trends in the provision of psychological services to the mentally retarded, account for some of the social and professional influences which have resulted in an expansion of the role of psychologist, and finally, share with you some of my own experiences in this expanded role.

There exists a lengthy relationship between psychology and mental retardation, with the antecedents of this relationship beginning in the 19th Century. Lightner Witmer established a laboratory clinic at the University of Pennsylvania in 1896. It was at this time that he became interested in children with psycho-educational problems, and he advocated research into the manifestation of "moral and mental retardation" among school children. As is well known, Binet and Simon in 1904 were asked to develop a test to identify intellectually subnormal children. The end product of their work, of course, became the major assessment tool used to classify children according to IQ.

The process of separation and segregation of special children began in earnest at the turn of the century. In the 1890's the schools were faced with an influx of hundreds of thousands of immigrants, and the schools were ill-equipped to deal with them. The immigrant's ignorance of the new language, along with a lack of facility in dealing with the

system, led to the proliferation of special classes. Increasingly, it became the responsibility of the psychologist working in the schools to identify and screen these slow learning children. The demand for scientific measuring instruments for the purpose of special class placement greatly accelerated this function. The traditional role of psychologist as testor remained largely in effect until the 1960's. Increasingly, through the 1960's and 1970's, psychologists began to get involved in issues such as labeling and classification, non-discriminatory assessments, and performed consultation and program evaluation duties.

Recent developments, both within the school as well as in state institutions have called for a markedly different and expanded role for the psychologist working with the mentally retarded and developmentally disabled. The passage of Public Law 94-142 in 1975 mandates the psychologist to serve on the Committee on the Handicapped, which in turn makes recommendations for school placement in the "least restrictive environment." In his capacity on the Committee, the psychologist is entrusted to interpret and determine the adequacy of test data, to make specific recommendations for programs, to aid the teacher in formulating a curriculum and writing Individual Educational Plans, and to serve as a resource to the parent in evaluating their child's educational program.

A similar shift in the role of the psychologist from psychometrician to consultant and program developer has occurred in New York State institutions. The institutional correlate of the school-based Individual Educational Plan are the Developmental Plans. The psychologist is still mandated to provide yearly annual evaluations of the client, however, his responsibilities have expanded to include: 1) serving as a consultant to an interdisciplinary team in establishing goals and objectives. 2) training staff in task analysis techniques, as well as the principles and application of behavior modification techniques.

3) revising an assessment tool to gauge progress. 4) determining adequacy of ongoing interventions and to recommend changes as necessary.

The major social impetus for many of the changes which have occurred in state facilities is the deinstitutionalization movement. Increasingly, psychologists are being called upon to develop and implement community skills training programs, to provide counselling and skill training services to parents, to develop in-service training for professional and non-professional staff, to provide recommendations to case managers regarding suitable vocational and residential placement and, due to their strong data orientation, to evaluate ongoing programs. For the psychologist, no longer can the focus of intervention be the individual child or client. Rather, psychologists have begun to and will increasingly concern themselves with the system of which the client is a part, and the environment in which he lives. In order for this type of effective intervention to take place, a combination of clinical and organizational skills are essential. The psychologist should be prepared to deal effectively in a one-to-one situation with any client, employee, administrator or parent. Additionally, he requires a good conceptual grasp of organizational theory, how to identify and solve problems, how to resolve conflict, how to motivate others, and how to get the most mileage out of limited financial and program resources.

The role shift that has occurred in the field as a whole has added personal and individual meaning for me. When I first began my employment at S.I.D.C. four years ago, my primary and almost exclusive responsibility was the annual diagnosis or assessment of about 150 adult males in a residential building. Since that time my job duties have expanded greatly. I have been able to draw upon my training and orientation as a psychologist to expand this role to one of consultant and administrator. I'd like to share with you some of my experiences as the administrator of two programs,

outline some major features of these duties, and point out how these duties are an expansion of the psychologist's role. First, some background.

The Training Adults for Community Living or T.A.C.L. Program is a transitional, day program designed to prepare institutional clients for community living. The program is housed in two small homes on the grounds of Staten Island Developmental Center, and it provides a homelike, normalized atmosphere for the 10 clients who attend the program. The curriculum offers training in the areas of personal management, housekeeping, kitchen skills, travel training, and functional academics. The length of stay for our clients varies greatly, and is in large measure determined by the availability of community placements. The functioning level of our clients is largely in the profound range, while their ages range from 18 to 55. In the three years that this program has been in operation, about 25 clients have completed training. By all accounts we have received, these individuals have made an overwhelmingly successful transition to their group homes, supervised apartments, or family care homes.

The Drop-In/Respite Center is the second program in which I serve as administrator. This program is based on the day-care center concept, and it is designed to serve as a support system for parents of developmentally disabled children and adults residing in the Staten Island community. This service is available, pending 24 hour advance notice, to any parent who wishes to leave their child with us while they shop, go to the doctor, or simply spend time alone. The respite component of the program provides 24 hour a day supervision for up to a 30 day period. Staffing for both the T.A.C.L. Program and the Drop-In/Respite Center is comprised of therapy aides who previously worked in residential buildings. Part time professional staff are also available.

How then can a psychologist bring his training and experience to bear in the administration of these programs? There are a number of skills which are called for, including aspects of industrial, clinical and school psychology.

1. Staff Selection and Interviewing -

By involving himself in the interviewing and application process in the selection of staff, the psychologist has the opportunity to exert strong influence on the program from the very outset. The psychologist should make use of his clinical skills in selecting staff members who can work together harmoniously as team members. The interviewer should especially be attuned as to how this individual gets along with others around him, how he relates to his supervisors, and how much of an active interest does he take in the program. Issues such as educational background and pertinent experience should be raised and explored during the interviewing process. The psychologist should also get a sense of what the applicant's training strengths and deficits are. With an eye towards establishing an in-service training program, the interviewer should identify areas in which further training is needed. The interviewing process also represents a good opportunity to demonstrate interviewing techniques to trainees.

2. In-Service Training -

Given the fact that most of the staff selected for these positions have had years of experience working in residential buildings, there is inevitably a need to provide some type of ongoing training and supervision. I have made use of films, lectures and hands-on training in covering these major areas:

a. Definition and brief history of mental retardation and developmental disabilities.

b. Principles of normalization and deinstitutionalization.

c. Theory and application of behavior modification techniques, including review of basic terminology. Exercises in formulating task analysis and behavioral objectives are also helpful.

d. A basic first aid course, including the major types of medications and their effects.

e. Methods for dealing with self-destructive and aggressive behavior, including over correction procedures and timeouts.

f. A basic course in sex education, focusing on rights of retarded individuals, and appropriate expressions of sexuality.

g. Developmental Plan training - As mentioned earlier, New York State now requires that each client have an individual treatment plan in the form of "New York State Developmental Plans." We have developed a manual and handbook to assist staff in generating their own Developmental Plan.

It is important to note that training should be an ongoing process rather than a one-shot, band-aid type package. We have seen too many teams come in for several days to provide intensive, general training. Oftentimes, much of this material is not retained for any period of time after formal training is ceased. Effective staff training must be done on a consistent, ongoing basis.

3. Grant Writing -

As all of us who work in any public facility are aware, it is often difficult to obtain the staff, equipment and financial resources necessary to implement program concepts. A potential source of outside funding are the various local, state and federal grant monies available.

It behooves the psychologist to familiarize himself with these funding mechanisms, to set aside time to study grant regulations and requirements, and to submit applications for grant monies. Psychologists, by virtue of their research backgrounds, are generally familiar with data based measures and behavioral objectives, and this facility for designing and assessing tasks and functions is of immeasurable value in writing a grant. At the very least, even if the application is rejected, the process of grant writing will have enabled the psychologist to clearly conceptualize, crystallize and concretize his program ideas.

4. Advocacy and Protection -

Inevitably, the psychologist working in a community-based program will have contact with parents of clients, as well as with private agencies, schools, and their representatives. Unfortunately, many parents are not familiar with the machinations of government agencies, and the workings of the mental health service delivery system. Parents often ask questions about the extent of their child's handicap, the availability and quality of services, or they seek advice regarding the quality and appropriateness of particular schools or vocational settings. Psychologists working with parents should be familiar with the range of services available, eligibility criterion, and the referral process for obtaining services. A major arena to serve as a primary advocate for the client and his family is the school system. Increasingly, large numbers of community-based as well as ex-institutional children are being placed in the public schools. The enrollment of students with a wide range of physical, emotional and developmental disabilities places a tremendous burden on existing special education services. Oftentimes, teachers and principals have had little exposure to children with such severe

disabilities. The institutional psychologist can make himself available to the school in establishing training and educational curricula, and in providing consultation services to the teacher.

I would like to conclude with a few comments on the role of the psychologist as administrator. Perhaps the vehicle for effecting the greatest degree of change on a systems-wide level is to serve in an administrative capacity. It is in this capacity that the psychologist can make use of his clinical skills, his understanding of human relations, his sensitivity to the needs of the individual, and his data orientation to develop and implement quality programs. Commensurate with this potential for making a significant impact are the challenges and demands of holding an administrative position. In addition to the skills mentioned earlier, the psychologist/administrator needs to be well versed in the policies and procedures of his facility, he requires a thorough understanding of organizational theory, and a familiarity with union-management issues. This individual requires a number of personal characteristics, which includes an ability to tolerate and clarify ambiguity, patience, understanding, high frustration tolerance, flexibility, a capacity to make objective decisions, assertiveness, respect for people and ability to listen to others, ability to motivate others, negotiating skills, and perhaps most importantly if one is to succeed at it, a facility for understanding the politics of the system, and the effective use of power.

Truly a formidable list of qualities which none of us possess in totality. It is my belief that the way in which we function as psychologists or administrators is merely a reflection of ourselves as

people, and the roles we establish for ourselves are the ones we feel most comfortable with, and which fulfill our needs at that particular time. The challenge of our profession lies clearly before us - to establish priorities for ourselves, to demarcate the boundaries of the roles we wish to play, and to grow personally and professionally to meet the challenges which lie ahead.